# Community Psychiatry and The Population Explosion

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■ *Although excessive population has long been a dilemma in certain areas of the world, current rates of growth present a global threat to all nations. Arguments based on economics, world peace, individual freedom, humanism and the preservation of life's amenities all point to the urgent need for programs to control birth rates. This applies to the United States also, although we have the advantage of a relatively high cultural and economic level from which to attack the problem.*

*Modern psychiatry is increasingly committed to the Community Mental Health concept, which in part implies greater involvement with the element of the population that is socially and economically at a disadvantage. Effective treatment cannot ignore the effects on the patient of intolerable reality situations, often produced by successive unwanted pregnancies. In addition, a positive approach to family planning by psychiatrists and social workers will provide the structure needed for truly preventive psychiatry; as our knowledge of the determinants of psychosis, delinquency and mental retardation expands, selective counseling can do much to prevent these family and social tragedies.*

*Both as world citizens and as practitioners of a profession, psychiatrists cannot afford to delay pledging their resources to the solution of so compelling a problem.*

TODAY'S PSYCHIATRIST, like the rest of humankind, faces a problem unique in the history of our species. Uncontrolled population growth, a subject hardly discussed a decade ago, has become a preoccupation of thoughtful men. What was once the occasional outcry of a prophet is now a clamor. No day passes that the subject is not apparent in the mass media, and only the most ignorant or indifferent among us can remain unstirred.*

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Professor Revelle[32] of Harvard is one who presents the challenge:

"Bringing down rates of population growth to a manageably low level will require far more knowledge and experience than we now possess. Economic, sociological, medical and educational research on a large scale and a wide front are urgently required. The problem may well be the most difficult mankind has ever faced, for its solution lies in controlling one of the basic drives of all living things—to reproduce."

Part of the uniqueness of this new peril is that to appreciate it requires the reversal of an ancient attitude. What has always been a good must now

become an evil. For eons instinct and circumstance coincided in the struggle to replenish the earth. War, famine and pestilence have always been viewed as scourges whose remedy was increased fecundity, and until modern times this was perfectly true. Suddenly we are faced with evidence that this is wrong and that we now have to fight both our drives and our history. And we have very little time; the former leisurely accretion of people on a vast planet has given way to a geometric progression whose urgency brings future and present together and demands action now.

**The Global Background**

For many years Americans have been accustomed to hearing of India's burgeoning masses and the teeming congestion of Asian cities. To most of us these facts were deplorable, and although a world problem, not new and not close. Following World War II the concept of a shrinking and interdependent world gained reality. Our foreign aid programs seemed an answer—feed the starving and alleviate misery. The fallacy eventually became apparent in areas of gross overpopulation, high birth rate and sub-subsistence, such as Asia and Latin America. Here the extra infusion of food simply allowed a population increase in rough proportion to its sustaining power; the misery was the same for each but shared by more, and the overall situation was worse because there were even more people.[11] In contrast, Europe was an already industrialized region without overpopulation, so our aid promoted prosperity and self-sufficiency.

Accordingly, another solution suggested itself: Exert every effort to help underdeveloped nations advance themselves; modern agricultural methods and machinery are clearly capable of producing enormous increases in land yields, and irrigation and power can make wastelands bloom. Once their food problems have been controlled, these nations may industrialize and eventually produce the goods and services which enable people to live rather than to exist.

This sanguine prospect is, at best, nearly vitiated by a number of flaws, and contemporary conditions of population growth destroy it utterly. Consider that world population has risen from 1¼ billion in 1900 to 2½ billion in 1950, and that the year 2000 will see nearly 7 billion if nothing is done. The sheer acceleration defeats any program of production expansion.[10,14]

To illustrate, let us take the economic issue. For an area vastly to increase its food production requires that it acquire vast amounts of capital goods —machinery, dams, power plants, irrigation systems and the like. But capital is formed only by what is left over after the subsistence needs of the population have been met. Now, in 1967, population is growing faster than world food production. And the rate of growth is such that it outweighs the capital-donating potential of rich areas (for example, the U.S.A.). Even if it did not, the problem is far more complex: Where would the expert manpower come from? Is there time to build the projects needed? How fast can backward peoples be educated and ancient prejudices overcome?

The solution lies only in drastic curtailment of population growth. There are two conceivable ways to accomplish this—by a program of mass extermination (for example, atomic holocaust, mandatory death age) or by far-reaching birth control programs. The results of conception control would "buy time" in which to meet the severe tests of the next 50 years.[4]

Compelling as they are, the economic arguments by no means constitute the case for population control; there are moral issues which cannot be ignored. As conditions are, having a child that one cannot support amounts to an imposition on the rest of society and compounds the problem. There is also a moral imperative toward the unborn child —the right not to be born. When giving birth condemns the child to a life of want and misery, it is indeed "the supreme human selfishness."[36]

Moreover, population pressures are central to political unrest and war; but the intensity of these pressures in the 20th century far exceeds what has ever before been experienced. In an atomic world, these implications arrest the imagination.[21]

Excessive growth also threatens individual freedom by leading to over-centralization of power and over-organization. As Aldous Huxley[24] states it:

"Whenever the economic life of a nation becomes precarious, the central government is forced to assume additional responsibilities for the general welfare. It must work out elaborate plans for dealing with a critical situation; it must impose even greater restrictions upon the activities of its subjects; and if, as is very likely, worsening economic conditions result in political unrest, or open rebellion, the central government must intervene to preserve public order and its own authority."

Some have tried to present a more optimistic view of the future, basing their arguments on the general premise that "science will find a way." When they are examined, however, one finds that these predictions center on the problem of food production, and this is their shortcoming.[7] Even if huge strides should be made in algae-proteins, hydroponics, sea-farming or other techniques, so that all might be fed, the other problems would still exist, with a miserable, strife-torn, regimented world in prospect.

Science *has* found a way, and is working on better ones. The "pill" and the intrauterine devices have some applicability to huge, poor and technologically primitive populations. The idea of vaccination against pregnancy hints at what may be forthcoming. Every valid (non-theological) argument urges the establishment of widespread, emphatic programs of control. Our government finally stopped evading the issue in 1965, when President Johnson stated, "I will seek new ways to use our knowledge to help deal with the explosion in world population. . . ."

There is much to be done and little time to do it.

**What the U.S. Faces**

Many Americans who accept the need for population control in foreign nations do not agree that we must have a similar program. The U.S., it is argued, is the richest nation in history; our standard of living is the highest ever known, and no one starves. Furthermore, we have but 6 per cent of the world's people, and our yearly increment at most represents only a 6 per cent contribution to the total explosion. This line of reasoning does not bear scrutiny; the fact that our people do not face the same problems as the Asian peasant is not to say that we face no problems. Fortunately, we have different problems, but they are nonetheless real, and they must be approached on their own terms. In addition, our very opulence creates a moral issue on a global scale. Our use of the earth's nonrenewable resources is so high that what we consume makes up one-half of the annual consumption of all the peoples of the earth, and our population increase then really accounts for 50 per cent of the problem.[12] Many of these resources are brought from underdeveloped areas; in the long run, this means that these regions will not have them at a time when they might achieve their own industrialization. Nehru of India warned, "It is simply not possible for small oases of prosperity to continue to exist amidst vast deserts of poverty without engendering storms that might engulf those oases."

Although our population expands no faster than the world rate, we will be able to "afford" this in the foreseeable future only at a price. We do not accept the goals of merely accommodating and feeding too many people, nor are we prepared to sacrifice many of our present amenities. If we are to have 350 million United States citizens by 2000 A.D., we too are faced with an acceleration problem which is already hurting us and which will only become more severe.[13]

At this moment we are appalled by the pollution of our air and water; new classrooms cannot be built fast enough; our crime rate and our juvenile problems make us feel that new dimensions have been added to old dilemmas; freeways are overcrowded from the day they are opened; recreation areas and rural acres are swallowed by suburban slums; everything we want to do or to enjoy becomes more difficult and expensive.[8] City planners foresee the megalopolis of the near future, a city of huge area, super-slums and an exaggeration of all the urban problems that at present plague us.[16] Today, for example, many experts feel that Greater New York is in an impossible situation; the middle to upper income taxpayers flee to the suburbs, the welfare rolls mount, taxes go steeply up, crime is rampant and transportation and utility systems are strained. Birth rates are highest among those with the lowest incomes, and the cycle is perpetuated under increased momentum. Welfare clients, one-sixteenth of the City's population, account for about half of the yearly births. The massing of the disadvantaged extends a social culture of faceless, discouraged persons who are nonresponsible, resentful and neglected.[33]

The velocity of these changes engenders a pervasive hopelessness or cynicism among those who day on day must come to grips with their results. Social welfare workers, police, teachers and planners increasingly see their efforts washed away by the tide. By the time a new program or expansion can be brought into operation, it is already inadequate.

There is a brighter side: The United States has ample resources to meet the problem if it has the wit and determination to do so. But we do not have unlimited time to launch our programs. It was only a few months ago that the *first* public discussion of family planning ever held under Federal auspices took place (and the event unfortunately represents progress alloyed with shortsightedness).

### Family Planning and Community Mental Health

Having been powerfully encouraged by the late President Kennedy, the community psychiatry movement has recently achieved a remarkable prominence in professional thinking. The March 1966 issue of the *American Journal of Psychiatry* contained a special section with 10 articles on a wide range of issues related to the objectives of Community Mental Health.[1] Since this reflects the official position of the profession, one may ask how family planning is handled. The answer is that it is not. In fact, the Medical Director of the American Psychiatric Association stated:

"The APA has no policy statement on birth control or planned parenthood. It is surprising to me that there has been so little expression by our members on problems of such far-reaching importance."[2]

Such a state of affairs implies curious paradoxes. For example, a number of recent papers in psychiatric journals have developed the theme of reaching the poor and culturally deprived. Suggestions have been made for modifying traditional therapy —making it briefer, more directive, more responsive to the expressed complaints, geared to the argot and comprehension of the client and offering more tangible help than "just talk."[3,37] Some authors seem to scold the psychiatrist for assuming that the root of the patient's problems lies mainly in his intrapsychic conflicts rather than in a harsh reality situation that should be corrected first.[27] Yet these authors avoid explicit mention of the wretchedness born of poverty, overcrowding and successive unwanted pregnancies. Nowhere is there a definition of the therapist's responsibilities with regard to planned parenthood. This situation raises a most fundamental paradox: The universal goal of all psychiatric therapy is to work with patients so as to free them to make more rational and effective choices for themselves. It is a fact that the poorer and less educated people are ignorant of family planning and unable to afford it; naturally, it is they who produce the unwanted children. For the therapist to remain uninvolved with this issue makes him a party to constricting the patient's freedom of choice.

There must be many reasons why psychiatry has not already dealt with these problems.[18] Most obvious are those arising from the recent history of psychiatric practice. Office therapy, particularly private practice, concerned itself with the better educated and more affluent persons, who were capable of handling family planning on their own. The sicker and more deprived patients tended to be concentrated in the protected subsociety of a state hospital, often for long periods. Added to this were the putative virtues and status of being a non-directive therapist, a bias eagerly adopted by many social workers as well. These influences fitted with the notion that, although recognized as a national or world problem, fertility control was not really a psychiatric problem; even if it should have been considered important to the mental health of some patients, it was easy to assume that "someone else" would and should deal with it.

The profession is preparing itself for a new and broadened psychiatric milieu, now loosely described by the term "social psychiatry." This coming professional world will be more complex and diverse than the one we know. Already much thought has been devoted to analyzing and developing it, and these efforts have been commendable for both quality and scope. In the following recommendations perhaps a further dimension can be introduced into comprehensive psychiatric care.

### A Program for Psychiatry

#### *Agreement on a Policy*

Psychiatry should no longer remain officially silent on family planning, and what is developed should be much more than a statement of good intentions. A policy formulation should begin with taking a position on the world and United States problems, but should move from there to a much more explicit delineation of the contributions of a social psychiatric program. This involves envisioning models of the sorts of patients and their situations which would call for recommendations and services to regulate fertility. Surely psychiatrists, with their years of fascination by almost every nuance of sexuality, should have no difficulty in addressing themselves to its principal product.

#### *Role of the Social Worker*

In any community mental health effort, the social worker will be a prominent participant in promoting family planning. Since the traditional functions of social welfare have centered around people with poverty problems, it seems reasonable to ask how they have handled the associated question of uncontrolled fertility. The answer is astonishing: They have done virtually nothing. In 1962 the National Association of Social Workers adopted a

policy statement which, in general terms, supports planned parenthood and the social worker's part in promoting it. However, detailed examination of welfare agency operations reveals that contraception has been treated as a loaded issue, better let alone, and this has been agency policy with few exceptions. Militant Catholic pressure groups have been a potent influence in suppressing public aid efforts, but there are other reasons. Underpaid, overworked, poorly trained workers are the rule in welfare departments. Often stifled by enormous caseloads and mountains of paper work, they have low morale and a high turnover rate. Their superiors could give no encouragement or funds to those who did wish to offer contraceptive help to their clients. And the organized profession did not provide the leadership to "fight City Hall" and change policy.[25]

Recent months have brought signs of reform. The groundwork was laid by decisions of the Supreme Court and by presidential recognition of the foreign population problem. The Great Society-War on Poverty programs have necessarily focused attention on unwanted children; the recent emphasis on urban affairs has culminated in the creation of a Cabinet-level post. It has become increasingly obvious that women of all socioeconomic levels urgently desire family planning and that the public at large (Catholics included) overwhelmingly approve of its being made available. It follows that the poor and uninformed are those being denied its benefits, and that this amounts to discrimination based on poverty and ignorance.

A variety of Federal bureaus are now appearing with funds to offer birth control services in their field agencies. The social work profession has certainly missed being in the vanguard, but it should join the main body without delay. The following might be taken as a statement of goal: "The major issue is to make information [and services] about all methods of family planning easily available to all Americans. Welfare workers must be as free to suggest that a welfare recipient seek this advice as they are to suggest that an employment agency might help with a job problem or that night school might resolve illiteracy."[26]

As would be expected, psychiatric social workers have been even less concerned with family planning than have their counterparts in general welfare work. The psychiatric social worker has tended to follow the psychiatrist's example, at times outdoing him in her devotion to non-directiveness.

*Working with the Psychiatric Patient*

Assuming that psychiatrists take a positive position on family planning, many questions will be sure to follow. It is hardly possible to anticipate them all, but some general observations are in order. For example, is it proper for the psychiatrist (or mental health facility) to influence his patients to limit their families? Of course it is, in the same sense that any other significant activity of the patient is "influenced"—the psychiatrist draws attention to a problem and attempts to help his patient see the motivations and the issues that pertain to a rational decision; from there it is the patient's choice.[22]

Psychiatrists must guard against their tendency to be so cowed by the incompleteness of their knowledge that they fail to apply what they do know. The nature-nurture problem in schizophrenia can continue unresolved, yet this in itself should not prevent one from advising certain couples not to have additional children. There are persons who have been capable of producing only maladapted children; whether this is a result of genetic factors or of their own irremediably faulty interaction is quite academic.

Psychiatrists do know that the incidence of serious mental illness and delinquency is inordinately high in severely deprived urban cultures.[17] Many families will be seen who would be able to raise one or two healthy children, but whose chances with endless successive births are probably nil. Counseling in such cases becomes truly preventive psychiatry.[9]

When coupled with the anticipation of future research developments, a positive program of family planning offers genuinely exciting possibilities. On the one hand, there could well be breakthroughs in the recognition of specific genetic-biochemical determinants of subgroups now nonspecifically viewed as schizophrenia or manic-depressive illness. On the other, there has recently been extremely promising work in analyzing interaction in families of schizophrenic and delinquent patients. With further refinement, it might well be that a high degree of predictability could be reached for prospective parents; some might be classified as treatable *in preparation* for the arrival of children; others might be spared the tragedy of grossly disturbed offspring.[5] Whatever directions research takes, it cannot but be stimulated by the presence of facilities for applying whatever insights it may develop.

The psychiatrist's traditional orientation has not been that of social reformer or public health officer; his concern has been to promote the personal welfare of his patient. Here too, fertility control accommodates this goal. If the sexual act is attended by the fear of pregnancy, marital adjustment suffers. Work with frigidity problems is handicapped if the therapist cannot separate neurotic sexuality from realistic procreativity. The presence of disturbed children, or simply unwanted children, in a family may give rise to serious intrapsychic conflicts which are often expressed interpersonally. Conversely, a family planning program can help correct appropriate instances of infertility to facilitate personal and marital harmony.

Social workers and psychiatrists should join now in the effort to include family planning as an integral part of all mental health organizations. Each socio-psychiatric evaluation should include an appraisal of the knowledge, attitudes and capabilities of each patient in relation to control of his fertility. This information should then be matched with the agency's analysis and recommendations with regard to child-bearing for each patient. The result should be a program that is designed for the individual patient and aimed at enabling him to coordinate his reproductive potential with his total treatment effort. This should, without delay, become a routine part of psychiatric practice.

*Mental Subnormality*

The "Cinderella of psychiatry," mental retardation, has recently emerged from the scullery, resplendent in new raiment bestowed by a rich Federal godmother. In her position as heiress, she is likely to have a secure place in the coming of social psychiatry.

Most experts on retardation dwell on the themes of retraining and rehabilitation; these are often valuable contributions, and it would be shortsighted to neglect the trainable retardates already among us. But should we not put the future emphasis on prevention? We already have a solid basis for genetic counseling in disorders such as Huntington's chorea and amaurotic idiocy.[6]

The economically deprived, by limiting their families, will be in a better position to give proper nutrition and care to the pregnant mothers and to their babies. In such a way, retardation resulting from deficiency diseases or other early insults can be reduced. As research continues to clarify the causes of retardation, there will be still more reason to see that the findings are applied.[30]

Many adult retardates, particularly females, have been retained in institutions solely because of their reproductive capacity. This is a cruel situation which can be remedied by appropriate contraceptive measures, including sterilization in selected cases. Retarded couples might then live in the community without having their marginal adjustment upset by the birth of children they cannot care for. The children, and society, would likewise be benefited.[31]

**The Time for Action**

"The time is now" is a phrase one encounters often in papers on population control. It is no less true for psychiatry. The United States has a priceless advantage in its struggle against unwanted millions: We are still in a position to exercise rational selectivity over who will be born and who will not. Nations such as India are forced to deal with sheer numbers, as if all humans were alike. For India, refinement of its program will be possible only after decades of strenuous effort.

The psychiatric profession is increasing its leverage and influence by virtue of the expanding community psychiatry movement. More than ever, "the time is now" for it to add its special skills and knowledge to our country's imperative effort.

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